

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LT		3-16-00
O.I.P.E. CLASSIFIER	nmb	68231	3/23/00
FORMALITY REVIEW			5800
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	03	03
2	✓	03	04
3	✓	03	04
4	✓	03	04
5	✓	03	04
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47	✓	03	04
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49	✓	03	04
50	✓	03	04

Claim	Final	Original	Date
51	✓	03	04
52	✓	03	04
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98	✓	03	04
99	✓	03	04
100	✓	03	04

Claim	Final	Original	Date
101	✓	03	04
102	✓	03	04
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143	✓	03	04
144	✓	03	04
145	✓	03	04
146	✓	03	04
147	✓	03	04
148	✓	03	04
149	✓	03	04
150	✓	03	04

If more than 150 claims or 10 actions  
staple additional sheet here

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